SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
JOSEPH R POPLAWSKI MARSH/DENVER SURETY PRACTICE 1225 17 TH ST STE 2100 DENVER CO 80202	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
PB 4/1/2011 M0350015	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	570 0000 4801 631 7
PS Form 3811, February 2004 Domestic Return Receipt 102	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

PENNY BERRY STATE OF UTAH DIVISION OF OIL GAS & MINING PO BOX 145801 SALT LAKE CITY UT 84114-5801

RECEIVED

JUN 1 3 2011

DIV. OF OIL, GAS & WILLIAMS

U.S. Postal Service_{TM} CERTIFIED MAIL_{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

PB QF/FOIC MOSSOOUSS E		
Postage	\$	Full release of
Certified Fee		Bond 400Kc 7052
Return Receipt Fee (Endorsement Required)		Horo
Restricted Delivery Fee (Endorsement Required)	S 4 6 18	it has been replaced.

Total

317

口

4807

2570

7005

JOSEPH R POPLAWSKI

MARSH/DENVER SURETY PRACTICE

Street, 1225 17TH ST STE 2100

City, Sta DENVER CO 80202